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B 10S2 (Supplement 2) (12/11)

## UNITED STATES BANKRUPTCY COURT

District of							
n re,	Case No						
	Chapter 13						
Notice of Postpetition Mortgage Fees, E	Expenses, and Charges						
you hold a claim secured by a security interest in the debtor's principal residence, you must use this form to give notice of any postpetition es, expenses, and charges that you assert are recoverable against the debtor or against the debtor's principal residence. File this form as a upplement to your proof of claim. See Bankruptcy Rule 3002.1.							
Name of creditor:	Court claim no. (if known):						
Last four digits of any number you use to identify the debtor's account:							
Does this notice supplement a prior notice of postpetition feepenses, and charges?	ees,						
□ No							
Yes. Date of the last notice:							
mm/dd/yyyy							

## Part 1: Itemize Postpetition Fees, Expenses, and Charges

Itemize the fees, expenses, and charges incurred on the debtor's mortgage account after the petition was filed. Do not include any escrow account disbursements or any amounts previously itemized in a notice filed in this case or ruled on by the bankruptcy court.

Description	Dates incurred	Amount
1. Late charges	(1)	\$
2. Non-sufficient funds (NSF) fees	(2)	\$
3. Attorney fees	(3)	\$
4. Filing fees and court costs	(4)	\$
5. Bankruptcy/Proof of claim fees	(5)	\$
6. Appraisal/Broker's price opinion fees	(6)	\$
7. Property inspection fees	(7)	\$
8. Tax advances (non-escrow)	(8)	\$
9. Insurance advances (non-escrow)	(9)	\$
10. Property preservation expenses. Specify:	(10)	\$
11. Other. Specify:	(11)	\$
12. Other. Specify:	(12)	\$
13. Other. Specify:	(13)	\$
14. Other. Specify:	(14)	\$

The debtor or trustee may challenge whether the fees, expenses, and charges you listed are required to be paid. See 11 U.S.C. § 1322(b)(5) and Bankruptcy Rule 3002.1.

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Part 2: Si	gn Here						
The person completing this Notice must sign it. Sign and print your name and your title, if any, and state your address and telephone number if different from the notice address listed on the proof of claim to which this Supplement applies.							
Check the ap	ppropriate box.						
☐ I am the c☐ I am the c		agent. (Attach copy o	f power of atto	orney, if any	.)		
	der penalty of per and reasonable b		ation provide	d in this No	otice is t	true and correct to the best of my knowledge,	
<b>x</b>					Date		
Signature						mm/dd/yyyy	
Print:	First Name	Middle Name	Last Name		Title		
Company							
Address	Number	Street					
	City		State	ZIP Code			
Contact phone					Email		